

LATTC Request for Off-Campus Course

Date of Request	
Initiator of Request	
Institution/Organization Requesting Course	
Contact Person at Institution/Organization	
Contact Person Phone and E-mail	
Course Requested	
Course Supervising - Department	
Semester/Dates/Days/Times *	
Lowest grade level of students eligible to enroll in the course	
Room for Instruction to Occur	
Where will class be posted and/or advertised.	

Briefly describe the nature of the request and why it will mutually benefit the requesting institution and LATTC:

Will the location of instruction provide the facility and instructional aid needs for the instructor to teach this course (e.g., enough seats, chalk/white board, needed AV equipment, etc.)? Describe any agreed upon conditions.

Does the course require advisories, prerequisites, or placement and will the student population meet the entrance criteria?

Who will hire the instructor to teach this course?

Who will supervise this off-campus instructor?

Initiator **(date)**

Department Chair **(date)**

Dean **(date)**

* Note: classes cannot be offered on a campus during the regular K-12 class hours and must be open enrollment.